

Direct Debit Authorization for Utility Customers

Company Name: CITY OF LYONS, NEBRASKA
PO Box 598
Lyons, NE 68038-0598

Name: _____

Address: _____

City/State/Zip: _____

Telephone#: _____

I, the above named, hereby authorize the above company to make debit payments directly from my account at said financial institution listed below.

Financial Institution: _____

Address: _____

City/State/Zip: _____

Amount: Varies

Frequency: One time Monthly Other _____

Account #: _____

Account Type (checking**/savings): _____

Routing #: _____

Please attach a voided check

Signature

Date